

**Attorney Service Pass
Application**

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

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First name	Middle name	Last name	Attorney registration number
Firm/Company name			D.O.B.
Home address			
City/Town			State Zip code
Daytime phone number (include area code)	E-mail address (if available)		

I, _____, am submitting this application to the United States District Court, SDNY to obtain an Attorney Service Pass. I declare that I am a member in good standing of the bar of the SDNY, and a member in good standing of the bar of the State of New York. I certify that the information provided in this application is true and correct. I further certify that I will return this Attorney Service Pass voluntarily at any time in the future if I am suspended, on inactive status, disbarred, resign, or for any other reason become ineligible to remain on the rolls of attorneys admitted to the Southern District of New York in good standing, or if its return is otherwise determined to be warranted by the Court.

I have read standing order M 10-468 dated 02-17-10, and understand that I am required to follow the rules contained therein. If I am found in violation of said order, my Service Pass will be revoked without recourse.

I understand that it is my affirmative duty to return this Service Pass to the United States District Court, SDNY if I am directed to do so in writing by the District Court Executive.

Attorney's signature

Date

Print name

FOR COURT PERSONNEL ONLY

OCA SECURE PASS Verification (check one) Yes___ No___

Exp. Date_____

SDNY Badge Number_____

Court Employee's Initials_____